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WHEN TO USE POINT OF CARE TESTS

There are huge potential benefits from using tests that can be carried out while the patient is in the consulting room. Immediate treatment, reduced possibility for onward transmission, no need for a return visit, and no more endless calls and letters to find those who fail to turn up for their results. Sadly for most infections these tests are not yet considered valid enough for widespread adoption, generally due to a low sensitivity. However, Vickerman and colleagues use a mathematical model to show that even when some cases are missed, control may improve with point of care tests in certain situations, namely when many women do not return for treatment and where there is a high probability of ongoing transmission during treatment delay. People planning control programmes need to consider the implications of this for screening programmes.

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HOME TESTING FOR PARTNERS INCREASES UPTAKE

Partner management remains a difficult part of STI control programmes, with few studies showing more than one partner treated per index patient. The first obstacle is getting partners to be informed at all, but just as important is the next step of getting them tested. Østergaard and colleagues compared the effectiveness of offering index patients sampling kits for partners to use at home compared with the need to visit the clinic for testing. Overall the participation rate in the study was low, but of those who took part, home testing led to an increase in proportion of partners getting tested. The effect was particularly marked for male index patients.

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DELIVERING SEXUAL HEALTH SERVICES IN PRIMARY CARE

There are many ways of trying to improve the provision of sexual health services in primary care. Researchers in Glasgow looked at the impact of introducing a health adviser into an inner city health centre for six months, compared with a control. Although the intervention resulted in more chlamydia testing, most tests were to women over the age of 20, and the proportion of positive results did not increase.

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INCREASING ANTIMICROBIAL RESISTANCE IN *N GONORRHOEAE* IN SOUTHERN CHINA

Neisseria gonorrhoeae infections accounted for over 40% of all reported STIs in China in 1999. Zheng and colleagues, reporting from Guangzhou, the capital city of Guangdong province in southern China, describe significant changes in antimicrobial sensitivities of *N gonorrhoeae* strains over the period of 1996–2001. The prevalence of resistance to penicillin G rose from 57.2% to 81.8% and increased from 17.6% to 72.7% for ciprofloxacin. In the context of these and other data the authors comment that ceftriaxone and spectinomycin remain first line therapy for uncomplicated gonorrhoea infection in this setting.

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TAKE THE MEDICINE AS PRESCRIBED

Adherence to antiretroviral therapy is an important factor in preventing development of drug resistance in HIV infection. Desai and Mathur describe transmission of HIV from a mother who was poorly adherent to highly active antiretroviral therapy (HAART) in pregnancy with her child. At six months of age the child was found to have multi-drug resistant HIV infection. The case underscores the importance of adherence with HAART in pregnancy, in order to maximise the reduction in risk of perinatal (drug resistant) HIV transmission.

See p 419

THE DOCTOR (AND CHAPERONE) WILL SEE YOU NOW

New guidelines on chaperoning in genitourinary medicine clinics (GMCs) have been produced by the Joint Speciality Committee for Genitourinary Medicine of the Royal College of Physicians, in response to the GMC guidance on doctors performing intimate examinations. Rogstad, writing from the MSSVD, summarises the key issues contained in the guidelines and highlights the implications for the speciality of a policy of having a chaperone present for every intimate examination in terms of day to day clinical practice and resources, and also in the context of patient acceptability.

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